

Registered Business School Teacher Application

BPSS-16 (12/10)

**New York State Education Department
Bureau of Proprietary School Supervision Licensing Unit**

<p style="text-align: center;">Applicant Instructions</p> <ul style="list-style-type: none"> ◆ Please TYPE or Print in ink. ◆ Enclose non-refundable \$50 check or money order with each application made payable to The New York State Education Department. DO NOT SEND CASH. A fee will be charged for all checks returned by the bank. 	<p>For Office Use Only</p>																								
<p>MAIL TO: The State Education Department Bureau of Fiscal Management P.O. Box 7346 Albany, NY 12224</p>	<table style="width: 100%; text-align: center;"> <tr> <td colspan="6">ID/ Lic. Number</td> <td colspan="6">ID/ Lic. Number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>	ID/ Lic. Number						ID/ Lic. Number																	
ID/ Lic. Number						ID/ Lic. Number																			
<p>1. Last Name</p>	<p>First Name</p>	<p>Middle Initial</p>																							
<p>2. List any former name(s): Last Name</p>	<p>First Name</p>	<p>Middle Initial</p>																							
<p>3. Home Address Street</p>	<p>Home Phone</p>																								
<p><u>City</u></p>	<p><u>State</u></p>	<p><u>Zip</u></p>																							
<p>4. Social Security Number</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													<p>Privacy Notification: The authority to request personal information from you, including identifying numbers such as Federal Social Security Number, and the authority to maintain such information is found in section 5 of the Tax Law. Your disclosure of this information is <u>mandatory</u> and will be used for administration purposes.</p>												
<p>If Social Security Number has not been provided, please explain: <input type="checkbox"/> SS# applied for or pending <input type="checkbox"/> other:</p>																									
<p>5. Date of Birth Month Day Year</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>									<p>6. Level Requested <input type="checkbox"/> Permit <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Restricted</p>																
<p>7. Indicate the subject area(s) for which you wish to be evaluated by checking the box next to the appropriate title(s)</p>																									
<p>(74) <input type="checkbox"/> Management/ Marketing</p>	<p>(62) <input type="checkbox"/> English for Speakers of Other Languages</p>																								
<p>(52) <input type="checkbox"/> Office Skills</p>	<p>(70) <input type="checkbox"/> Court Reporting</p>																								
<p>(53) <input type="checkbox"/> Accounting</p>	<p>(71) <input type="checkbox"/> Paralegal</p>																								
<p>(54) <input type="checkbox"/> Computer Applications</p>	<p>(72) <input type="checkbox"/> Travel and Tourism</p>																								
<p>(61) <input type="checkbox"/> Computer Programming</p>	<p>(75) <input type="checkbox"/> Hospitality Management</p>																								
<p>(55) <input type="checkbox"/> General Academic Subjects</p>	<p>(76) <input type="checkbox"/> Bank Teller</p>																								
<p>(84) <input type="checkbox"/> Restricted Business License (school <u>must</u> complete item #15 on back)</p>																									
<p>8. Education</p>																									
<p>Institution(s) Attended</p>	<p>Dates of Attendance</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">From:</td> <td style="width: 50%;">To:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	From:	To:			<p>Type of Diploma or Degree Received (if any)</p>																			
From:	To:																								
<p>9. Courses in Professional Education Completed</p>																									
<p>Name of Institution or School Association at which Course Was Completed</p>	<p>Course Title</p>	<p>Date Completed</p>																							

10. Do you hold a currently valid public school teaching certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever held a registered private business school teacher permit/ license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YOU ANSWERED "YES" TO ITEM #10 AND/OR #11, ATTACH A PHOTOCOPY OF YOUR DOCUMENT.			
12. Teaching Experience (Include Student Teaching)			
Name and Location (City, State) of School	Dates of Employment		Subject(s) Taught
	From (Mo./Yr.)	To (Mo./ Yr.)	
13.			
(a) Have you ever resigned from a position rather than face disciplinary charges?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have you ever been discharged from employment as a result of disciplinary action?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Have you ever been convicted of any crime (felony or misdemeanor)? If "yes," submit official copies of court report including disposition of the case.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Are you currently under charges for any crime (felony or misdemeanor)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Have you ever had a professional credential revoked, suspended, annulled, or denied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "yes" to any question, explain the response on a separate sheet. A "yes" answer to any question is not an automatic bar to the issuance of a license/ permit.			
14. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.			
Signature of Applicant (not valid unless signed by applicant)		Date	
15. SCHOOL CERTIFICATION (required for restricted business teacher applications and teacher applications submitted from schools on behalf of applicants.)			
School Name			
Full School Address		First Date of Applicant's Employment (Month/ Day/ Year)	
License Area(s) for which the Applicant Is Qualified and Will Teach			
1.	4.		
2.	5.		
3.	6.		

I certify, to the best of my knowledge, that the applicant herein is able to meet the educational qualifications and/ or practical experience required for licensure as set forth in Commissioner's Regulations for the license area(s) requested.

<input type="checkbox"/> Director's <input type="checkbox"/> Owner's <input type="checkbox"/> President's Signature	Print Name of Director/ Owner/ President	Date Signed
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TRANSCRIPT/ EXPERIENCE VERIFICATION INSTRUCTIONS		
➔ Provide an <u>official and original</u> transcript for each institution listed in #8 of this application.		
➔ Transcripts will <u>not</u> be considered official unless they bear the original registrar's signature and school seal.		
➔ Letters documenting experience <u>must</u> be originals.		
➔ Mail all supporting documents (transcripts, etc.) which are NOT attached to this application to: New York State Education Department Bureau of Proprietary School Supervision 99 Washington Avenue, Room 1613 OCP Albany NY 12234		